

Solutia Inc.
J. F. Queeny Plant
201 Russell Blvd.
St. Louis, Missouri 63104
Tel 314-622-1400

Certified Mail—Return Receipt Requested

March 1, 2002

Missouri Department of Natural Resources
Hazardous Waste Program
P.O. Box 176
Jefferson City, Missouri 65102

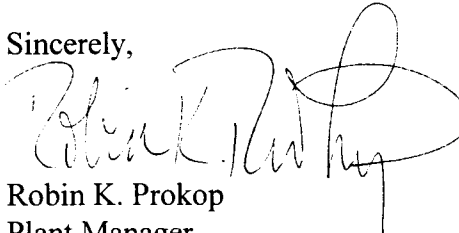
Attn: Mr. John Beard

Dear Mr. Beard:

Pursuant to 40 CFR 262.41, 40 CFR 262.75 and 40 CFR 265.75, enclosed herewith please find the 2001 Biennial Hazardous Waste Report for the Solutia Inc., John F. Queeny Plant.

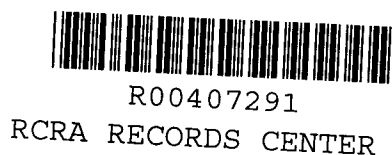
If there are any questions or the need for additional information, please contact Mr. Richard B. Hampel, ESH Coordinator, at (314) 622-1455.

Sincerely,



Robin K. Prokop
Plant Manager

Enclosures:



30 MAY 130 MAY 2002
QA/QCD MC/TRI-COR

11 APR 2002

MS T116

MAIL THE COMPLETED FORM TO: The Appropriate EPA Regional or State Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM		RECEIVED MAR 04 2002 HAZARDOUS WASTE PROGRAM MO. DEPT. OF NATURAL RESOURCES	
1. Reason for Submittal and Status of Information Supplied (see instructions on pages 10 and 11) CHECK CORRECT BOX(ES)	A. Reason for Submittal: <input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). <input type="checkbox"/> To provide subsequent notification (to update site identification information). <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application. <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____). <input checked="" type="checkbox"/> As a component of the Hazardous Waste Report. B. Status of Information Supplied: <input type="checkbox"/> Updated site information			
2. Site EPA ID Number (see instructions on page 11)	EPA ID Number: MOD004954111			
3. Site Name (see instructions on page 11)	Legal Name: Solutia Inc., John F. Queeny Plant			
4. Site Location Information (see instructions on page 11)	Street Address: 201 Russell Boulevard City, Town, or Village: St. Louis State: Missouri County Name: St. Louis City Zip Code: 63104-4607			
5. Site Land Type (see instructions on page 11)	Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			
6. North American Industry Classification System (NAICS) Code(s) for the Site (see instructions on page 11)	A. 325199 T2		B. 324191 03	
	C. 325199 U		D.	
7. Site Mailing Address (see instructions on page 12)	Street or P. O. Box: Same City, Town, or Village: State: County: Zip Code:			
8. Site Contact Person (see instructions on page 12)	First Name: Richard		MI: B.	Last Name: Hampel
	Phone Number: 314-622-1455		Phone Number Extension:	
9. Legal Owner and Operator of the Site (see instructions on pages 12 and 13)	A. Name of Site's Legal Owner: Solutia Inc.		Date Became Owner (mm/dd/yyyy):	
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			
	B. Name of Site's Operator:		Date Became Operator (mm/dd/yyyy):	
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			

EPA ID No.

10. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. See instructions on pages 13, 14, 15, and 16)**A. Hazardous Waste Activities****1. Generator of Hazardous Waste**

(choose only one of the following three categories)

- ☒ a. LQG: Greater than 1,000 kg/mo (2,200 lbs.) of non-acute hazardous waste; or
- ☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs.) of non-acute hazardous waste; or
- ☐ c. CESQG: Less than 100 kg/mo of non-acute hazardous waste

In addition, indicate other generator activities (check all that apply)

- ☐ d. United States Importer of Hazardous Waste
- ☐ e. Mixed Waste (hazardous and radioactive) Generator

For Items 2 through 6, check all that apply:

- ☐ 2. Transporter of Hazardous Waste
- ☒ 3. **Treater, Storer, or Disposer of Hazardous Waste (at your site)** Note: A hazardous waste permit is required for this activity.
- ☐ 4. **Recycler of Hazardous Waste (at your site)** Note: A hazardous waste permit may be required for this activity.
5. **Exempt Boiler and/or Industrial Furnace**
- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, Refining Furnace Exemption
- ☐ 6. **Underground Injection Control**

B. Universal Waste Activities**1. Large Quantity Handler of Universal Waste [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. (check all boxes that apply):**GeneratedAccumulated

- | | | |
|--------------------------|--------------------------|--------------------------|
| a. Batteries | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Pesticides | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Thermostats | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Lamps | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Other (specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Other (specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Other (specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> |

☐ **2. Destination Facility for Universal Waste**

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities**1. Used Oil Transporter - Indicate Type(s) of Activity(ies)**

- ☐ a. Transporter
- ☐ b. Transfer Facility

2. Used Oil Processor and/or Re-refiner - Indicate Type(s) of Activity(ies)

- ☐ a. Processor
- ☐ b. Re-refiner

☐ **3. Off-Specification Used Oil Burner****4. Used Oil Fuel Marketer - Indicate Type(s) of Activity(ies)**

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

11. Description of Hazardous Wastes (see instructions on page 16)**A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	D008	D021	D033	D040	F004	
D002	D009	D022	D034	D041	F005	
D003	D010	D027	D035	D042	U122	
D004	D011	D028	D036	D043	U147	
D005	D015	D029	D037	F001	U228	
D006	D018	D030	D038	F002		
D007	D019	D032	D039	F003		

Not a TSD per David Green@MDNR.

EPA ID No.

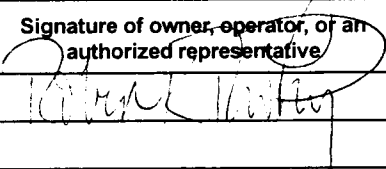
B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

D098						

12. Comments (see instructions on page 17)

Other less commonly generated waste codes are as identified in our "Notification Of Regulated Activity" forms as previously submitted to Missouri Department Of Natural Resources. Please contact us if this information is needed.

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (see instructions on page 17)

Signature of owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm-dd-yyyy)
	Robin K. Prokop	03/01/02

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:SITE NAME: Solutia Inc.,
John F. Queeny PlantEPA ID NO: MOD 004 954 111**FORM
GM****U.S. ENVIRONMENTAL
PROTECTION AGENCY**

2001 Hazardous Waste Report

**WASTE GENERATION
AND MANAGEMENT**

Instructions: Please see the detailed instructions beginning on page 19 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. 1	A. Waste description (page 22) <u>Ignitable spent solvent from laboratory; Acetone & Methanol</u>				
B. EPA hazardous waste code (page 22)		C. State hazardous waste code (page 22)			
<u>D001</u> <u>D022</u> <u>F003</u> <u>F005</u>					
D. Source code (page 23)		E. Form code (page 23)	F. RCRA radioactive mixed (page 23)	G. Quantity generated in 2001 (page 23)	
<u>G 22</u> Management Method code for Source code G25 <u>H</u>		<u>W 203</u>	<input type="checkbox"/> Yes	<u>8,030</u>	
				H. UOM (page 23) <u>1</u> Density lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	

Sec. 2	Was any of this waste managed on site? (page 24)	
<input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)		
<input checked="" type="checkbox"/> 2 No (SKIP TO SEC. 3)		
ON-SITE PROCESS SYSTEM 1		
On-site Management Method code (page 24)	Quantity treated, disposed, or recycled on site in 2001 (page 25)	
<u>H</u>		
ON-SITE PROCESS SYSTEM 2		
On-site Management Method code (page 24)	Quantity treated, disposed, or recycled on site in 2001 (page 25)	
<u>H</u>		

Sec. 3	A. Was any of this waste shipped off site in 2001 for treatment, disposal, or recycling? (pages 25 and 26)		
<input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method code Shipped to (page 26)	D. Total quantity shipped in 2001 (page 26)
✓	<u>TXD</u> <u>055</u> <u>141</u> <u>378</u>	<u>H040</u>	<u>7,090</u>
Site 2	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method code Shipped to (page 26)	D. Total quantity shipped in 2001 (page 26)
		<u>H</u>	
Site 3	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method code Shipped to (page 26)	D. Total quantity shipped in 2001 (page 26)
		<u>H</u>	

Comments:

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SITE NAME: Solutia Inc.,
John F. Queeny PlantEPA ID NO: MOD 004 954 111**FORM
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2001 Hazardous Waste Report

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Instructions: Please see the detailed instructions beginning on page 19 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. 1	A. Waste description (page 22) Floor sweepings and lab samples, containing Maleic Anhydride				
B. EPA hazardous waste code (page 22) <u>U147</u>		C. State hazardous waste code (page 22) 			
D. Source code (page 23) <u>G 33</u> Management Method code for Source code G25 <u>H</u>		E. Form code (page 23) <u>W 409</u>	F. RCRA radioactive mixed (page 23) <input type="checkbox"/> Yes	G. Quantity generated in 2001 (page 23) <u>3,970</u>	
H. UOM (page 23) Density <u>1</u> <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg					

Sec. 2	Was any of this waste managed on site? (page 24) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. 3)			
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2		
On-site Management Method code (page 24) <u>H</u>	Quantity treated, disposed, or recycled on site in 2001 (page 25) 	On-site Management Method code (page 24) <u>H</u>	Quantity treated, disposed, or recycled on site in 2001 (page 25) 	

Sec. 3	A. Was any of this waste shipped off site in 2001 for treatment, disposal, or recycling? (pages 25 and 26) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped (page 26) <u>TXD</u> <u>055</u> <u>141</u> <u>378</u>	C. Off-site Management Method code Shipped to (page 26) <u>H040</u>	D. Total quantity shipped in 2001 (page 26) <u>3,810</u>
Site 2	B. EPA ID No. of facility to which waste was shipped (page 26) 	C. Off-site Management Method code Shipped to (page 26) <u>H</u>	D. Total quantity shipped in 2001 (page 26)
Site 3	B. EPA ID No. of facility to which waste was shipped (page 26) 	C. Off-site Management Method code Shipped to (page 26) <u>H</u>	D. Total quantity shipped in 2001 (page 26)

Comments: Section 1; Box E: Maleic Anhydride -- Solid

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2001 Hazardous Waste Report

**WASTE GENERATION
AND MANAGEMENT**

Instructions: Please see the detailed instructions beginning on page 19 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. 1	A. Waste description (page 22) <u>Hydraulic Fluids; Hazardous for barium, cadmium and benzene</u>				
B. EPA hazardous waste code (page 22) <u>D005</u> <u>D006</u> <u>D018</u>		C. State hazardous waste code (page 22) _____			
D. Source code (page 23) <u>G 09</u> Management Method code for Source code G25 <u>H</u>		E. Form code (page 23) <u>W 219</u>	F. RCRA radioactive mixed (page 23) <input type="checkbox"/> Yes	G. Quantity generated in 2001 (page 23) <u>109,535</u>	H. UOM (page 23) <u>1</u> Density _____ <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

Sec. 2	Was any of this waste managed on site? (page 24) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. 3)			
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2		
On-site Management Method code (page 24) <u>H</u>	Quantity treated, disposed, or recycled on site in 2001 (page 25) _____	On-site Management Method code (page 24) <u>H</u>	Quantity treated, disposed, or recycled on site in 2001 (page 25) _____	

Sec. 3	A. Was any of this waste shipped off site in 2001 for treatment, disposal, or recycling? (pages 25 and 26) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)			
Site 1 ✓	B. EPA ID No. of facility to which waste was shipped (page 26) <u>KYD</u> <u>053</u> <u>348</u> <u>108</u>	C. Off-site Management Method code Shipped to (page 26) <u>H050</u>	D. Total quantity shipped in 2001 (page 26) <u>83,181</u>	
Site 2 ✓	B. EPA ID No. of facility to which waste was shipped (page 26) <u>TXD</u> <u>055</u> <u>141</u> <u>378</u>	C. Off-site Management Method code Shipped to (page 26) <u>H040</u>	D. Total quantity shipped in 2001 (page 26) <u>18,834</u>	
Site 3	B. EPA ID No. of facility to which waste was shipped (page 26) _____	C. Off-site Management Method code Shipped to (page 26) <u>H</u>	D. Total quantity shipped in 2001 (page 26) _____	

Comments: Section 1; Box D: Draining of process lines
Section 1; Box E: Hydraulic Fluid -- Liquid

Over ►

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2001 Hazardous Waste Report

**WASTE GENERATION
AND MANAGEMENT**

Instructions: Please see the detailed instructions beginning on page 19 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. 1	A. Waste description (page 22) <u>Ignitable Aerosol Cans</u>				
B. EPA hazardous waste code (page 22)		C. State hazardous waste code (page 22)			
<u>D001</u>					
D. Source code (page 23)		E. Form code (page 23)	F. RCRA radioactive mixed (page 23)	G. Quantity generated in 2001 (page 23)	H. UOM (page 23)
<u>G 09</u> Management Method code for Source code G25		<u>W 319</u>	<input type="checkbox"/> Yes	<u>325</u>	<u>1</u> Density <u> </u> lbs/gal <input type="checkbox"/> sg
<u>H</u>					

Sec. 2	Was any of this waste managed on site? (page 24)			
<input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. 3)				
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2		
On-site Management Method code (page 24)	Quantity treated, disposed, or recycled on site in 2001 (page 25)	On-site Management Method code (page 24)	Quantity treated, disposed, or recycled on site in 2001 (page 25)	
<u>H</u>		<u>H</u>		

Sec. 3	A. Was any of this waste shipped off site in 2001 for treatment, disposal, or recycling? (pages 25 and 26)			
<input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method code Shipped to (page 26)	D. Total quantity shipped in 2001 (page 26)	
	<u>TXD</u> <u>055</u> <u>141</u> <u>378</u>	<u>H 040</u>	<u>250</u>	
Site 2	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method code Shipped to (page 26)	D. Total quantity shipped in 2001 (page 26)	
		<u>H</u>		
Site 3	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method code Shipped to (page 26)	D. Total quantity shipped in 2001 (page 26)	
		<u>H</u>		

Comments: Section 1; Box D: Empty Aerosol Cans from maintenance operations
 Section 1; Box E: Aerosol Cans -- Solid

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2001 Hazardous Waste Report

**WASTE GENERATION
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Instructions: Please see the detailed instructions beginning on page 19 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. 1	A. Waste description (page 22) <u>Fluorescent Light Bulbs; Characteristically hazardous for mercury</u>				
B. EPA hazardous waste code (page 22) <u>D009</u>		C. State hazardous waste code (page 22) <u></u>			
D. Source code (page 23) <u>G 09</u> Management Method code for Source code G25 <u>H</u>		E. Form code (page 23) <u>W 319</u>	F. RCRA radioactive mixed (page 23) <input type="checkbox"/> Yes	G. Quantity generated in 2001 (page 23) <u>190</u>	
H. UOM (page 23) <u>1</u> Density <u></u> <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg					

Sec. 2	Was any of this waste managed on site? (page 24) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. 3)			
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2		
On-site Management Method code (page 24) <u>H</u>	Quantity treated, disposed, or recycled on site in 2001 (page 25) <u></u>	On-site Management Method code (page 24) <u>H</u>	Quantity treated, disposed, or recycled on site in 2001 (page 25) <u></u>	

Sec. 3	A. Was any of this waste shipped off site in 2001 for treatment, disposal, or recycling? (pages 25 and 26) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped (page 26) <u>MNO</u> <u>000</u> <u>903</u> <u>468</u>	C. Off-site Management Method code Shipped to (page 26) <u>H010</u>	D. Total quantity shipped in 2001 (page 26) <u>150</u>
Site 2	B. EPA ID No. of facility to which waste was shipped (page 26) <u>FLD</u> <u>000</u> <u>207</u> <u>449</u>	C. Off-site Management Method code Shipped to (page 26) <u>H010</u>	D. Total quantity shipped in 2001 (page 26) <u>40</u>
Site 3	B. EPA ID No. of facility to which waste was shipped (page 26) <u></u> <u></u> <u></u> <u></u>	C. Off-site Management Method code Shipped to (page 26) <u>H</u>	D. Total quantity shipped in 2001 (page 26) <u></u>

Comments: Section 1; Box D: Changing out light bulbs
Section 1; Box E: Fluorescent Light Bulbs -- Solid
Section 3; Box C: Mercury is recovered from the bulbs

Over ►

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Instructions: Please see the detailed instructions beginning on page 19 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. 1	A. Waste description (page 22) <u>Ignitable solvent in glass vials from lab with acetone: G.C. Vials</u>				
B. EPA hazardous waste code (page 22) <u>D001</u> <u>F003</u>		C. State hazardous waste code (page 22) 			
D. Source code (page 23) <u>G 22</u> Management Method code for Source code G25 <u>H</u>		E. Form code (page 23) <u>W 203</u>	F. RCRA radioactive mixed (page 23) <input type="checkbox"/> Yes	G. Quantity generated in 2001 (page 23) <u>165</u> . <u> </u>	
H. UOM (page 23) <u>1</u> Density . <u> </u> <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg					

Sec. 2	Was any of this waste managed on site? (page 24) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. 3)		
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site Management Method code (page 24) <u>H</u>		On-site Management Method code (page 24) <u>H</u>	
Quantity treated, disposed, or recycled on site in 2001 (page 25) . <u> </u>		Quantity treated, disposed, or recycled on site in 2001 (page 25) . <u> </u>	

Sec. 3	A. Was any of this waste shipped off site in 2001 for treatment, disposal, or recycling? (pages 25 and 26) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped (page 26) <u>TXD</u> <u>055</u> <u>141</u> <u>378</u>	C. Off-site Management Method code Shipped to (page 26) <u>H040</u>	D. Total quantity shipped in 2001 (page 26) <u>165</u> . <u> </u>
Site 2	B. EPA ID No. of facility to which waste was shipped (page 26) 	C. Off-site Management Method code Shipped to (page 26) <u>H</u>	D. Total quantity shipped in 2001 (page 26) . <u> </u>
Site 3	B. EPA ID No. of facility to which waste was shipped (page 26) 	C. Off-site Management Method code Shipped to (page 26) <u>H</u>	D. Total quantity shipped in 2001 (page 26) . <u> </u>

Comments:

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Sec. 1	A. Waste description (page 22) <u>Ignitable Waste Liquid containing Heptane</u>				
B. EPA hazardous waste code (page 22) <u>D001</u>		C. State hazardous waste code (page 22) <u></u>			
D. Source code (page 23) <u>G 19</u> Management Method code for Source code G25 <u>H</u>		E. Form code (page 23) <u>W 203</u>	F. RCRA radioactive mixed (page 23) <input type="checkbox"/> Yes	G. Quantity generated in 2001 (page 23) <u>565</u>	
H. UOM (page 23) <u>1</u> Density <u></u> <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg					

Sec. 2	Was any of this waste managed on site? (page 24) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. 3)			
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2		
On-site Management Method code (page 24) <u>H</u>		On-site Management Method code (page 24) <u>H</u>		
Quantity treated, disposed, or recycled on site in 2001 (page 25) <u></u>		Quantity treated, disposed, or recycled on site in 2001 (page 25) <u></u>		

Sec. 3	A. Was any of this waste shipped off site in 2001 for treatment, disposal, or recycling? (pages 25 and 26) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped (page 26) <u>TXD</u> <u>055</u> <u>141</u> <u>378</u>	C. Off-site Management Method code Shipped to (page 26) <u>H040</u>	D. Total quantity shipped in 2001 (page 26) <u>565</u>
Site 2	B. EPA ID No. of facility to which waste was shipped (page 26) <u></u> <u></u> <u></u> <u></u>	C. Off-site Management Method code Shipped to (page 26) <u>H</u>	D. Total quantity shipped in 2001 (page 26) <u></u>
Site 3	B. EPA ID No. of facility to which waste was shipped (page 26) <u></u> <u></u> <u></u> <u></u>	C. Off-site Management Method code Shipped to (page 26) <u>H</u>	D. Total quantity shipped in 2001 (page 26) <u></u>

Comments: Section 1; Box D: Cleanout of process line (maintenance)

Over ►

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Solutia Inc.,
John F. Queeny PlantEPA ID NO: MOD 004 954 111**FORM
GM****U.S. ENVIRONMENTAL
PROTECTION AGENCY**

2001 Hazardous Waste Report

**WASTE GENERATION
AND MANAGEMENT**

Instructions: Please see the detailed instructions beginning on page 19 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. 1	A. Waste description (page 22) <u>Ignitable Waste Liquid containing Methanol; Duralink process</u>				
B. EPA hazardous waste code (page 22) <u>D001</u> <u>F003</u>		C. State hazardous waste code (page 22) _____			
D. Source code (page 23) <u>G 09</u> Management Method code for Source code G25 <u>H</u>		E. Form code (page 23) <u>W 203</u>	F. RCRA radioactive mixed (page 23) <input type="checkbox"/> Yes	G. Quantity generated in 2001 (page 23) <u>230</u> . <u> </u>	
H. UOM (page 23) <u>1</u> Density _____. _____. <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg					

Sec. 2	Was any of this waste managed on site? (page 24) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. 3)			
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2		
On-site Management Method code (page 24) <u>H</u>	Quantity treated, disposed, or recycled on site in 2001 (page 25) _____ . _____. <input type="checkbox"/>	On-site Management Method code (page 24) <u>H</u>	Quantity treated, disposed, or recycled on site in 2001 (page 25) _____ . _____. <input type="checkbox"/>	

Sec. 3	A. Was any of this waste shipped off site in 2001 for treatment, disposal, or recycling? (pages 25 and 26) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped (page 26) <u>TXD</u> <u>0500</u> <u>141</u> <u>378</u>	C. Off-site Management Method code Shipped to (page 26) <u>H 040</u>	D. Total quantity shipped in 2001 (page 26) <u>230</u> . <u> </u>
Site 2	B. EPA ID No. of facility to which waste was shipped (page 26) _____	C. Off-site Management Method code Shipped to (page 26) <u>H</u>	D. Total quantity shipped in 2001 (page 26) _____ . _____. <input type="checkbox"/>
Site 3	B. EPA ID No. of facility to which waste was shipped (page 26) _____	C. Off-site Management Method code Shipped to (page 26) <u>H</u>	D. Total quantity shipped in 2001 (page 26) _____ . _____. <input type="checkbox"/>

Comments: Section 1; Box D: Quality Control samples from Duralink process